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ABSTRACT

The recognition within the past few decades of the American Deaf Community as an indigenous cultural and linguistic minority group has altered the previous view of deaf individuals by the "hearing world" as being handicapped or disabled. The primary goals of this technical report are: (1) to compare a cultural view of deafness to the traditional, pathological view of deafness; (2) to provide a brief description of the Deaf Community, their language, and culture; (3) to describe communication patterns and parenting issues in families with deaf parents and hearing children; (4) to examine the role of the hearing child in a deaf family and how that experience affects their functioning in the hearing world; and (5) to discuss important considerations and resources for providers who work with hearing children and their deaf parents. The report includes extensive references, an annotated bibliography, and a list of available resources from the CLAS Web site. (Author/SG)

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Technical Report #6

A Guide for Professionals Serving Hearing Children with Deaf Parents

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Matthew D. Tittle

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A Guide for Professionals Serving Hearing Children with Deaf Parents

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February 2001

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Culturally & Linguistically Appropriate Services
Early Childhood Research Institute

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The Deaf community is a cultural group that must be included in the array of cultures that we cover in our education and training of service providers. The complexities of cross-cultural communication between deaf parents and their hearing children, within extended families and with providers, must be considered. Using a cultural, rather than a pathological, view of deafness, this paper (a) provides a brief description of the Deaf community, their language, and culture; (b) describes communication patterns and parenting issues in deaf-parented families; (c) examines the role of the hearing child in a deaf family and how that experience affects their functioning in the hearing world; and (d) discusses important considerations and resources for families, educators, health care and service providers.

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Introduction

It is only within the past few decades that the American Deaf community has been recognized as an indigenous cultural and linguistic minority group. Previously, deaf individuals have been viewed by the "hearing world" as being handicapped or disabled. In the CLAS Institute series of papers, we have framed early childhood intervention within a multicultural context. The aim of this technical report is to show that the Deaf community is a cultural group that must be included in the array of cultures that we cover in our education and training of providers of health, educational, and social services. It is crucial to understand the complexities of cross-cultural communication and mediation between deaf and hearing individuals, within families (e.g., deaf parents and their hearing children) and between the provider and family.

Consider the example of a school social worker who is called in for consultation regarding a fourth-grade student's frequent absences and academic failure. Ideally, the social worker would have appropriate knowledge, training, and experience working with culturally and linguistically diverse families, would have a well-developed cultural sensitivity, and be prepared to interact with the child's parents whatever their linguistic or cultural status might be. However, imagine if the parents of this child-at-risk were deaf. What expectations or biases might the social worker hold with regard to these parents? As a hearing person, what does he or she know about deaf people, their culture, their parenting styles, and their ability to navigate their way in "the hearing world?" Most importantly, what does the social worker know about this child and his experience as a hearing child being raised by deaf parents?

The primary goals of this technical report are (a) to compare a cultural view of deafness to the traditional, pathological view of deafness; (b) to provide a brief description of the Deaf community, their language, and culture; (c) to describe communication patterns and parenting issues in families with deaf parents and hearing children; (d) to examine the role of the hearing child in a deaf family and how that experience affects their functioning in the hearing world; and (e) to discuss important considerations and resources for providers who work with hearing children and their deaf parents.

The Deaf community is a cultural group that must be included in the array of cultures that we cover in our education and training of providers of health, educational, and social services.

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Two Views of Deafness: Pathological versus Cultural

A number of researchers (Calderon & Greenberg, 1997; Hoffmeister, 1996; Lane, 1991, 1992, 1995; Padden & Humphries, 1988) have described two distinct views of deafness: a pathological, or infirmity view versus a cultural view. A pathological view of deafness is inherently negative and considers deafness in medical and psychological terms. The deaf person is construed as a "broken hearing person," with an undesirable condition, and who is in need of fixing or specialized training in order to fit him/her into the hearing world. "The medical definition of deafness is based on measurement of audiological function" (Calderon & Greenberg, 1997, p. 456), with hearing loss greater than 70 dB characterized as being severe-to-profound. A psychological definition of deafness, which emphasizes functional outcomes, means that the profound deafness will likely have a significant impact on the individual's development and social interactions (Calderon & Greenberg, 1997, p. 457).

A cultural view of deafness is value-neutral and recognizes that deaf persons have their own culture and language and accepts that persons who were born deaf may not want to be "fixed" and are quite happy with themselves and their identity.

As an example, the school social worker in the scenario presented earlier might view the hearing child's deaf parents as intellectually inferior because they do not write English very well, as lazy because they do not make the effort to speak, and possibly even as unfit to take care of the child.

By contrast, a cultural view of deafness is value-neutral and recognizes that deaf persons have their own culture (deaf culture) and language (American Sign Language) and accepts that persons who were born deaf may not want to be "fixed" and are quite happy with themselves and their identity. In fact, "...when deaf people discuss their deafness, they use terms deeply related to their language, their past, and their community" (Padden & Humphries, 1988, p. 44), rather than medicalizing the situation and focusing on cures. Calderon & Greenberg (1997) frame the view of deafness from a developmental perspective:

> Hearing loss in young children tends to initially be defined from a medical perspective; that is, medical tests are performed to determine and understand the level of hearing loss, and parents are provided a set of numbers that characterize that loss....In contrast, hearing parents, and most teachers and other professionals working with the child, generally adopt a psychological or functional perspective toward the hearing loss and the impact it may

> have on the child's learning, behavior, and relationships. Finally as the child grows into adolescence and young adulthood, his or her hearing loss or deafness takes on cultural connotations related to the individual's identity formation and lifestyle choices. (p. 456-457)

In summary, adult members of the Deaf culture and their allies work to educate and advocate for recognition and support of their community and its advancement; yet, most hearing individuals continue to "medicalize" and stigmatize deafness. In their professional and personal encounters with deaf individuals, hearing people are generally unaware of the cultural view of deafness, the potential for cross-cultural conflict, and are usually somewhat bewildered and at a loss for how best to interact and have effective communication with deaf people.

The Deaf Community: A Brief History

The American Deaf community, as it is known today, formed in the early 1800's, a direct outcome of the establishment in 1817 of the first public school in the United States for deaf children. Thomas Hopkins Gallaudet, for whom Gallaudet University, a historically-Deaf liberal arts college in Washington DC, is named, established the Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons (now called the American School for the Deaf), in Hartford, Connecticut. Linguists who have studied the history of American Sign Language (ASL) have surmised that ASL is a mixture of signed communication systems from several sources: French Sign Language (one of the first teachers that Gallaudet hired was Laurent Clerc, a deaf graduate of a school for the deaf in Paris, France), indigenous signed languages (linguists theorize that pockets of small deaf communities must have existed in the United States prior to 1817); and the various homesign systems brought into Gallaudet's school by each of the individual deaf students. Over time, a full-blown, standardized signed language evolved, spreading from school to school, as teachers and graduates moved away from Connecticut to establish new schools in other states (for a more detailed description of the history of American Sign Language see Bochner & Albertini, 1988; Lane, 1984; Lane, Hoffmeister, & Bahan, 1996; Lou, 1988).

According to Lane et al. (1996), "...the presence of social institutions, notably schools, bringing deaf people together creates out of numerous signed dialects and even distinct signed languages a common signed language of broader communication. That development, in turn, contributes to the development of Deaf society and culture" (p. 58). Thus,

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for some 180 years, American Deaf individuals, initially brought together within the context of education and in spite of the low incidence rate of deafness in the population (1 in 1,000), have created for themselves a community after they leave school, often referred to in ASL as the "DEAF-WORLD," that has its own language and culture. As evidenced by its linguistic roots, ASL is not a language that is based upon spoken English; it has its own distinct grammar. ASL functions as the primary language for many deaf adults in America today, serving as the symbol of identity for membership in the Deaf culture and is the store of cultural knowledge (values, customs, and information) (Lane et al., p. 67). Nevertheless, the DEAF-WORLD is situated within a "hearing world." There are no predominantly deaf neighborhoods in the United States, nor can most Deaf-Americans trace their ancestors to a "deaf country" far, far away. In fact, more than 95% of deaf individuals are born into hearing families, and they spend a considerable amount of time trying to understand who they are in relationship to the hearing and deaf worlds (see Glickman, 1996, for an excellent discussion of identity development issues for deaf individuals). Yet, depending upon the decisions their hearing parents made regarding their educational placement (i.e., residential school, oral school, or in a local public school), deaf people may not be immersed in ASL or have contact with deaf adult members of the Deaf community until they are themselves young adults. Thus, the DEAF-WORLD is a unique community, one that few people are born into ("natives" are those individuals born to deaf parents, making up only 5 to 10% of the community).

ASL functions as the primary language for many deaf adults in America today, serving as the symbol of identity for membership in the Deaf culture and is the store of cultural knowledge.

Diversity in the DEAF-WORLD

Diversity in Membership

This community includes members with hearing losses at both levels of extreme, from those who are profoundly deaf to normally hearing children of deaf parents who are also accepted as members of the deaf community. While most "hard-of-hearing" individuals would identify themselves as part of the hearing community, there are some whose cultural identity is with the DEAF-WORLD. Thus, acceptance and acculturation into the deaf community is predicated upon attitude and use of ASL, and not upon the details of one's audiogram. Educational placement also can determine cultural membership in the Deaf community. Those deaf individuals educated in a strictly auditory/oral program and who never learned to sign generally do not identify with members of the deaf culture. However, as adults, some oral-deaf individuals do learn to sign and eventually join the Deaf community. By contrast, late-deafened adults, having spent a considerable

portion of their lifetime squarely in the hearing world, and who often take advantage of new technologies available for the deaf such as closed-captioning on television, rarely become members of the deaf culture.

Linguistic Diversity

There is also a wide range of ASL proficiency levels among deaf individuals, depending on when a person enters the community and becomes immersed in the language. Delayed acquisition of ASL is considered a primary factor accounting for the observed limitations in sign proficiency among the deaf population (Newport, 1991). That ASL has survived nearly 200 years with so few native speakers is itself an amazing linguistic phenomenon (Bochner & Albertini, 1988). Additionally, there is a new generation of deaf children, educated post-1970 within the Total Communication philosophy, who may not be fluent in ASL. Total Communication, an approach that uses spoken English combined with a signed form of English, is currently the most widely-used approach with deaf children in educational settings in the United States; however, in recent years, some researchers and educators have begun to question the effectiveness of this approach (Johnson, Liddell, & Erting, 1989; Liddell & Johnson, 1992; Supalla, 1991).

Virtually every article written about deaf children and adults describes their struggle with spoken language, whether it is in their speech production, speechreading, reading, or writing abilities. It appears that it is extremely difficult to learn a spoken language like English to native proficiency through any other channel, except by simply hearing it. Latest national figures based on the Annual Survey for Hearing-Impaired Youth, conducted by the Center for Demographic Studies at Gallaudet University, reveal that the average deaf high school student reads at a fourth grade reading level (Holt, 1997; Schildroth & Hotto, 1993). However, one subgroup that tends to consistently perform better than average is the small percentage of deaf children born to deaf parents, the native signers of ASL (see Israelite, Ewoldt, & Hoffmeister, 1989 for a review). Thus, from a conventional view of what it means to be a native speaker of a language, the majority of the Deaf community is not a native speaker of either ASL or English, although many do attain a high level of communicative competence in ASL.

Ethnic Diversity

While the scope of this paper does not permit a detailed discussion of the cultural diversity present within the Deaf community, suffice it to say that deafness does not discriminate. Deaf people can be found among all social classes and ethnic groups (see Christensen & Delgado, 1993; and Singleton & Tittle, 1998, for an overview of multicultural issues in deafness). Marschark (1993) has argued that hearing loss caused by non-hereditary explanations may be more frequent in low income families, related to factors such as lack of adequate prenatal care or higher incidence of medical complica-

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For a deaf person born into a culturally and linguistically diverse hearing family, the identity and acculturation issues are especially complex.

tions due to pre-term delivery. For a deaf person born into a culturally and linguistically diverse hearing family, the identity and acculturation issues are especially complex. Conventional transmission of the hearing family's heritage language and culture is likely to be disrupted, due to the child's deafness. However, the deaf child is not totally cut-off from their heritage. Thus, it is important to recognize the needs of these hearing families with deaf children and to ensure that services provided to these families are culturally, linguistically, and economically appropriate (Singleton & Tittle, 1998).

The Deaf community is unusual in that only 5 to 10% of the community are native speakers of ASL.

In summary, recent research has provided a convincing argument that the Deaf community should not be viewed as a disability group with a medical problem, but rather as a distinct cultural and linguistic minority group. There are several key resources that provide a rich description of American Sign Language and an overview of the social, political, and artistic aspects of Deaf Culture, including Humphries, 1991; Lane, 1984; Lane, Hoffmeister, & Bahan, 1996; Lou, 1988; Neisser, 1983; Padden, 1989; Padden & Humphries, 1988; and Wilcox, 1989.

Yet the DEAF WORLD is Still Different From Other Linguistic Groups

Nevertheless, we must be cautious in characterizing the Deaf community as an ordinary linguistic minority group. Two important differences exist: (a) the composition of the group with respect to the proportion of native speakers, and (b) the opportunity to learn English when living in the United States.

Few Native Speakers

Other linguistic minority groups residing in the United States, such as Mexican-Americans or Korean-Americans, are dominated by native speakers, whether or not they are proficient in English. A notable exception is the case of second-generation speakers potentially not being as fluent in the native language as their first generation parents; however, the stability of the language and community in this case is generally not at stake. The Deaf community is unusual in that only 5 to 10% of the community are native speakers of ASL. In effect, the Deaf community is re-born with every generation. Most deaf people are born to hearing parents, and subsequently have hearing children themselves, thus "roots" in the deaf community are virtually non-existent.

Limited Access to Spoken English

Regardless of how long deaf people have lived in the United States, spoken English will not be readily accessible to them. While print English is visually accessible, one must know English in order to read it. Members of other

linguistic minority groups have the opportunity to hear English on a daily basis, with possible limitations on their acquisition process due to factors such as age of acquisition, quantity and quality of their exposure to English, and motivation. In short, as a result of their limited access and exposure to English, one cannot expect that all deaf individuals "read lips" or read print English at a native level of proficiency.

The linguistic diversity within the deaf population, both from the perspective of ASL proficiency and English proficiency, has important implications with respect to how service providers and educators meet the needs of deaf individuals, especially if they are the parent of a child requiring services.

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Communication Patterns and Parenting Issues in Families With Deaf Parents and Hearing Children

As providers and educators who may encounter and work with deaf individuals, it becomes important to understand some of the communication and social interaction issues that are part of deaf/hearing relations, especially in light of the linguistic diversity issues discussed in the previous section. As one considers the cross-cultural conflict that can occur between deaf and hearing individuals, we tend to think only of interactions involving a deaf adult and a hearing provider/educator. However, we must also be aware of some of the cross-cultural communication issues that can occur within the nuclear family between parent and child when those parents are deaf and the child is hearing. This section provides several key understandings about families headed up by deaf parents. The central focus is on family communication, parenting, and socialization.

Key Understandings

1. American Sign Language is a legitimate language for family interaction

After several decades of linguistic investigation, American Sign Language has been shown to be a bona fide, natural language, fully capable of expressing any thought or emotion. It is complete with a rich lexicon and complex grammar;

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it is not simply fingerspelling nor is it "English-on-the-hands." Acquisition studies have also shown that deaf or hearing children acquiring ASL from their deaf parents learn that language from birth in a very conventional and natural way, attaining language milestones (e.g., babbling, first word, sentences) on a timeline similar to that of a child learning a spoken language (Newport & Meier, 1985). A child who is a native signer of ASL should not be considered language-impaired or language-delayed.

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If, on the other hand, the deaf parent is not completely proficient in sign, there may be some legitimate concern about the adequacy of the linguistic environment for the hearing child. Nevertheless, some studies (Singleton, 1989; Singleton & Newport, 1998) have shown that language learning children are especially resilient and are able to overcome impoverished linguistic input. Even children who are essentially deprived of conventional linguistic input (e.g., profoundly deaf children of non-signing hearing parents) tend to create their own communication system that is similar in structure to child language systems though certainly not equivalent to a full-blown language (Goldin-Meadow & Mylander, 1990).

> Many hearing children of deaf parents do develop speech and language normally if their family life is otherwise normal and they have some exposure to normal hearing speakers.

2. Hearing children of deaf parents are bilingual/bicultural.

Hearing children born to deaf parents are considered bilingual and bicultural in that they potentially share the language and culture of their deaf parents, but also as hearing individuals, they will inevitably become members of the hearing community and acquire English, or whatever spoken language dominates their environment. Some professionals working with young hearing children and their deaf parents have expressed serious concern regarding the potential for the child's development of spoken language, based upon their presumption that the child lacks adequate speech input in their home environment. According to several authors who have reviewed this literature (Hoffmeister 1985; Preston, 1994; Schiff-Myers, 1988), there is little evidence, other than a few studies of isolated cases, to support this notion. Schiff-Myers (1988) concludes that "...many hearing children of deaf parents do develop speech and language normally if their family life is otherwise normal and they have some exposure to normal hearing speakers (approximately 5 - 10 hours a week seems to be sufficient). There are no other obvious factors in the environment that differentiate children who experience delays or deviant speech and language patterns from those who develop normally" (p. 61).

In any case, if it does appear that a

hearing child of deaf parents is showing signs of spoken language delay, then a culturally appropriate, practical plan to enhance the child's spoken language input would be in order (e.g., play groups or preschool with other hearing children would dramatically increase exposure to adequate input). What is most important is that the provider recognize that the child is probably not delayed in her signed language acquisition, and that the family could enlist some of its natural supports (e.g. grandparents, baby-sitters, other hearing children of deaf parents) to enhance the child's exposure to spoken language and to provide bilingual support for the child's two languages, ASL and English.

Occasionally, deaf parents have the misguided notion that they should not sign with their child simply because the child is hearing, or because the parents have internalized a negative view of sign language (Hoffmeister, 1985). Some deaf parents have reported not signing with their hearing child in order to "prevent" the possible overreliance upon their child to serve as their interpreter between the deaf and hearing worlds (Jones, Strom, & Daniels, 1989). Such parents elect to speak to their child with probable reduced speech clarity and probable ungrammatical form. This is the situation that should raise greater concern to providers. It would seem that deaf parents ought to use their best mode of communication, the one they are most comfortable using, with their children to ensure clear family communication, effective parenting, and to promote natural language acquisition for the child (regardless of whether it is a signed or spoken language). If the primary home language turns out to be ASL, then the hearing child can, and will, learn to speak English from other sources.

3. Deaf parents may not have equal access to information on effective parenting skills.

Recall the scenario presented earlier of the fourth-grade hearing child of deaf parents with attendance and academic problems. Why weren't the deaf parents on top of the situation? Are hearing children of deaf parents a high risk for problems in school and social adjustment?

Indeed, there are many deaf parents who would have been on top of the situation, had there only been clear communication between the school, the teacher, and the parents. All too often, the extra effort required to contact deaf parents, to communicate with them in their language, and to keep them involved in monitoring their child's progress, is beyond the capabilities of a system already stretched to its limits. Mallory, Schein, & Zingle (1992), in their study of deaf parents' childrearing perceptions and performance, report that deaf parents and their hearing children generally had very positive views about the parenting effectiveness in their family. A common frustration reported by the deaf parents involved in this particular study was a feeling of being left out of the loop when it came to information regarding their child's education. Other studies (Jones et al., 1989; Strom, Daniels, & Jones, 1988) also find many deaf parents with above

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average parenting success. Thus, the apparent family dysfunction in our sample scenario could be explained by a communication problem rather than a parenting skills deficit.

Deaf people typically turn to each other for real conversation and intimate friendships, for information about parenting, and to have a sense of family.

However, it is also the case that some deaf parents are not as effective when parenting their hearing children (Harvey, 1989; Rayson, 1991). It is important to recognize that some deaf individuals, due to the communication barriers they faced growing up in their hearing families, may not have experienced incidental learning or modeling of parenting skills from their own parents or relatives (Hoffmeister, 1985, p. 120).

Retrospective interviews with deaf adults reveal a common pattern of limited, uneasy, frustrating interactions with their own hearing parents (Foster, 1989). Thus, conventional socialization, or transmittal of values, expectations, and child guidance strategies from parent to child is highly distorted or even disrupted altogether. Deaf people typically turn to each other for real conversation and intimate friendships, for information about parenting, and to have a sense of family (Foster, p. 226). Harvey (1989) also discusses how other family members, such as the deaf parent's hearing parents (the hearing child's grandparents) intervene in raising their grandchild, consequently usurping parental authority from the deaf parents, causing boundary problems within the nuclear family (headed by the deaf parents) and their relatives. Additionally, Harvey reports how professionals have a tendency to bypass the deaf parents and deal directly with the hearing child or the hearing grandparents, again usurping the parents' authority in their nuclear family.

Professionals have a tendency to bypass the deaf parents and deal directly with the hearing child or the hearing grandparents, usurping the parents' authority in their nuclear family.

In summary, the parenting literature finds deaf parents generally competent and caring, very aware of their limited experience in their family of origin and quite concerned about gaining access to childrearing information that is culturally and linguistically appropriate. Apart from having some specific issues revolving around communication (within the family and with outsiders) and cultural mediation, in general it does not appear that families with hearing children and deaf parents are at a greater risk for serious family dysfunction.

Furthermore, a number of researchers (Blaskey, 1984; Charlson, 1991; Rienzi, 1983; and Sanders, 1984) investigating various social, psychological, and educational outcomes have found that hearing children of deaf parents are quite resilient and resourceful, and are not overrepresented in the populations of children with social, emotional, or educational problems.

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4. Deaf parents are essentially raising "foreign" children.

When deaf parents raise their hearing children, it is not unlike other situations in which the parent is not an "expert" in their child's native culture. As an example, when Euro-American couples or individuals adopt an African-American or Asian infant, they most likely have little direct knowledge about the socialization of their child's cultural and racial identity. Experts in trans-racial adoptions or foster parenting of children of different ethnic or racial backgrounds agree that parents must give these issues important consideration and make an effort to involve cultural brokers for the family who can contribute to and facilitate this child's identity development. For example, in one community, members of an Asian-American community meet monthly with Euro-American parents and their adopted Asian children so that these children can interact with adult role-models who share similar personal characteristics.

Similarly, deaf parents, even though they were raised right in the middle of "hearing culture," are not experts at their native culture because of the lack of access due to their hearing loss. Therefore, deaf parents may not be of much assistance when it comes to helping their hearing children navigate their way through the hearing culture. They may not be able to express a parental opinion regarding the kind of music teenagers listen to, or the kind of language children use. One way that deaf parents can obtain some information regarding "hearing culture" is through watching television. Today, many programs on television are closed-captioned, which means that one can elect to view on-screen the text translation of what each character is saying. While this is a tremendous accommodation for viewers with hearing loss, not all deaf individuals have the English literacy skills to follow all of the text. Perhaps deaf parents could be more effective by developing a strong relationship with an adult hearing individual, whether it is a family member or an adult hearing child of deaf parents, from whom they can attain the cultural information necessary to be effective parents of hearing children.

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Understanding the Experience of Hearing Children of Deaf Parents

Hearing children who are raised by deaf parents have the unique experience of being insiders, yet outsiders, in the DEAF-WORLD. As bicultural and bilingual members of the Deaf community, they are the "...critical link [interpreters and cultural mediators] to the alien hearing culture, a source of information for making decisions, and a spokesperson for the family, [consequently] some grow up feeling they have been deprived of their childhood (Lane et al., 1996, p. 171). The added responsibility of handling family communication (the eldest child sometimes even facilitates communication between the deaf parents and later-born siblings), and the possible exposure to inappropriate contexts (e.g., interpreting for a parent with a divorce lawyer) creates for some hearing children of deaf parents unwanted pressure and burdens that they are too young to resist or negotiate. If the hearing child then begins to take on tasks because it is easier to handle things directly rather than mediate conversation with their parents present, or because they view their parents as less competent and in need of assistance in decision making, this sometimes results in a "parentified" child, one who ends up taking care of duties normally handled by a parent.

A hearing child growing up with deaf parents enjoys "...a command of the languages and the cultural knowledge of two worlds."

Learning to navigate one's way in the hearing world without the guidance of "expert" parents can develop in the child positive attributes such as being adaptive, resourceful, inquisitive, and "worldly."

On the other hand, a hearing child growing up with deaf parents enjoys "...a command of the languages and the cultural knowledge of two worlds" (Lane et al. 1996, p. 171). With this special role in the family, the hearing child of deaf parents also benefits from this experience. If the role of the parent is clear and the interpreting is kept to contexts that are appropriate, the added responsibility can result in maturity, independence, and an opportunity to have rich experiences (a result of accompanying their deaf parents to places and events that their hearing peers ordinarily would never see). Furthermore, learning to navigate one's way in the hearing world without the guidance of "expert" parents can develop in the child positive attributes such as being adaptive, resourceful, inquisitive, and "worldly." According to Lane et al., hearing children of deaf parents "frequently choose careers that build on those strengths" (p. 171).

To date, the most impressive work describing the lives of hearing children

... THE EXPERIENCE OF HEARING CHILDREN OF DEAF PARENTS

of deaf parents is Mother Father Deaf: Living Between Sound and Silence by Paul Preston (1994). Using an anthropological approach, Preston interviewed 150 hearing adults who were raised by their deaf parents. His analysis of their experiences shows that these informants frame their experience according to three models of deafness, often tapping into more than one of these perspectives in their personal narratives (Preston, p. 226). First, the Medical model considers being deaf as being sick for one's entire life; second, the Psychological model frames the experience in terms of psychological outcomes, similar to frameworks used for children from "dysfunctional families;" and third, the Cultural model which likens deafness to other cultural or linguistic minority groups.

Many of the informants Preston interviewed focused on how their lives were a constant "explaining" of the DEAF-WORLD to hearing people and the hearing world to deaf people. Informants felt "...caught within a web of difference – different from hearing people because they appeared deaf, different from deaf parents because they could speak and hear. This increased their sense of uniqueness as well as their sense of isolation from others" (Preston, p. 54). Preston organizes his synthesis of the interviews around the following four themes that he presents as fundamental aspects of their unique heritage:

1. Meaning of Deafness

Informants understand that "...one can be deaf regardless of speaking or hearing abilities...and that...being deaf ideally includes an attitude of self-acceptance and social interaction with other deaf people" (p. 49). Hearing children of deaf parents are indeed a part of their culture of origin, yet many informants felt that they faced "...an uncertain adult identity: How could they be deaf when no longer living within a deaf family or a Deaf community?" (Preston, p. 49)

> "Informants – hearing children of deaf parents" report on how their lives were a constant "explaining" of the DEAF-WORLD to hearing people and the hearing world to deaf people.

2. Accountability

Most informants interviewed acknowledged some difficulties growing up with deaf parents, but struggled with the notion of who was to be held accountable for this? Informants felt the deaf parents should not take all of the blame; they also pointed to the hearing grandparents, Hearing society at large, etc. For the most part, hearing children of deaf parents have a strong belief that their family life was normal if one adopts a "deaf view" and that the problem lies in a "hearing-centric" view of childhood, parenting, and disability. Still, there is a feeling of being lost, that no one else is like them, that their upbringing was so unlike that of their

> Hearing children of deaf parents have a strong belief that their family life was normal if one adopts a "deaf view" and that the problem lies in a "hearing-centric" view of childhood, parenting, and disability.

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childhood friends and their adult peers (Preston, 1994).

3. Legacy of Protection & Advocacy

Informants reported concern about their parents' image, about protecting their parents from insults or ignorance on the part of hearing people, and the complexities of defending or disavowing their parents' ways. Lane et al. (1996) concur with Preston, suggesting that "...experiences of cross-cultural mediation can be rewarding, but frequently they are hurtful because of the prevailing negative views about deaf people ... which are held by hearing people" (p. 171). In an example that reveals the emotional strain placed on hearing children of deaf parents, Preston (p. 67) characterizes these children as "repositories of their (hearing) grandparent's and their parents' untold stories [and that] informants often chose to keep this realm of sadness and anger hidden [in order to protect the feelings of each generation in their family of origin]. Many of Preston's informants talked about how they continue to provide assistance and advocacy for their deaf parents into their adult lives.

Hearing children of deaf parents discussed personal struggles and revelations about identity development and cultural alignment, and how they searched for a resolution between the deaf and hearing worlds.

4. Similarity or Difference

Growing up within two polarized worlds, the hearing children of deaf parents who were interviewed discussed personal struggles and revelations about identity development and cultural alignment, and how they searched for a resolution between the deaf and hearing worlds. Some have found support in creating and connecting with an adult community of other hearing individuals who grew up in the same circumstances. The national organization "CODA: Children of Deaf Adults" (see Resources), provides a community for these bilingual/bicultural individuals who grew up living between the deaf and hearing worlds.

In summary, Preston concludes that "most informants balanced any sense of compromised childhoods with the benefits of their experiences – including being more mature, being more sensitive to others, and having a greater variety of life experiences" (Preston, p. 55). This brief review of the Deaf culture, what it is like to be a deaf parent, and what it is like to grow up as a hearing child of deaf parents, only captures, in broad strokes, the essence of the experience. As mentioned earlier, most deaf parents are effective, loving, and determined to bring up their hearing children in the best way that they know how (despite their probable lack of access to childrearing information and social/educational services). While there may be some risks for family stress, or even more serious dysfunction, the primary issues for deaf parent/hearing children families center on communication and cultural awareness within the nuclear family, with other hearing relatives, and with providers/educators that interact with the family (Bunde, 1979). What

follows is an incomplete list of recommendations for deaf parents that may reduce the potential stress or dysfunction within their families:

Recommendations for Deaf Parents with Hearing Children

1. Find ways to understand and support your child's hearing side of his or her bicultural identity.

2. Create opportunities for your child to interact with both deaf and hearing children. Having a deaf peer will enhance his or her signing skills; having a hearing peer will enhance spoken language skills.

3. Find a trusted hearing individual who is fluent in ASL (perhaps an adult hearing child of deaf parents, or a hearing relative) to serve as a cultural broker and role model for your child as he or she navigates the hearing world; this person can also provide valuable information regarding hearing culture.

4. Convey to your child a sense of security, parental competence, and awareness of the child's dual cultures and support your child as he or she develops into a bilingual/bicultural individual.

5. If hearing relatives seem to be intervening, or over-involved in your family, consider inter-generational family counseling to help family members clarify their roles and authority.

6. Take full advantage of new technology that can facilitate interactions with the hearing world (TTY, TTY-to-Voice Relay, Fax, Computer e-mail, vibrating pagers, wireless internet services) to reduce the reliance upon the hearing child to facilitate communication on your behalf.

7. Use sign language interpreters whenever possible, especially in any situation that would be viewed as sensitive or inappropriate for a child. If your child resists a request to interpret, do not force him or her. If a hearing person asks your child to interpret, intervene, and find an alternative way to have direct communication. Yet, recognize that some children also feel pride when they have the opportunity to interpret for their parents. If your child enjoys this, find positive, non-stressful contexts to promote the development of translation skills.

8. Insist that all of your children can communicate with you fluently. There is a tendency for the eldest hearing child to facilitate communication between younger siblings and the parents, resulting in these later born children to be less fluent signers. Whenever a deaf parent is present, all family members should switch to using ASL. If hearing children have separate, parallel conversations in the presence of their deaf parents, this is exclusionary and as a consequence the parents are unable to monitor their children's interactions and maintain their role as effective parents.

Providing Appropriate Services to Deaf Member Families

Not only must health care providers, social service providers, and the educational system ensure parents have the resources for effective parenting; they must also provide accessible and appropriate services critical to meeting the needs of hearing children and their deaf parents.

Service providers "need not be specialists in deafness to care for deaf patients, but they do need to be aware of the communication problems of deaf people, the adjustments required by medical personnel [and other providers], the services needed and the resources available to and for deaf patients."

As DiPietro, Knight, and Sams (1981) note in discussing health care delivery, service providers "need not be specialists in deafness to care for deaf patients, but they do need to be aware of the communication problems of deaf people, the adjustments required by medical personnel [and other providers], the services needed and the resources available to and for deaf patients" (p. 106). The steps necessary to make a particular service available to deaf families are not unlike those necessary to provide services to any other culturally and linguistically diverse family, in that providers primarily need to ensure accessibility to their services through appropriate and understandable methods of communication and interaction. The expectation that families must take responsibility for reducing communication barriers is widespread and should be avoided.

When providing services to hearing children of deaf parents it is essential for the provider to make the necessary adaptations to include the deaf parents or other family members in all interactions.

All families deserve equal access to services. In the case of hearing children of deaf parents, there may be a tendency on the part of providers not to recognize the need for adaptations, especially when the hearing child is old enough to communicate effectively with service providers, opening up the possibility of leaving the deaf parent out of the conversation. Thus, when providing services to hearing children of deaf parents it is essential for the provider to make the necessary adaptations to include the deaf parents or other family members in all interactions.

Best Practices

One difficulty in recommending best practices for providing services to families with deaf parents is that there is very little research and literature on such practices. Most studies focus on families with hearing parents and deaf children. The Division for Early Childhood's recommended practices (Odom and McLean, 1996), particularly those

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concerning family participation and service delivery, serve as a useful guide for use with all deaf-member families.

Similarly, the U.S. Department of Education-endorsed Deaf and Hard of Hearing Students: Educational Service Guidelines (Easterbrooks & Baker-Hawkins, 1994) is a comprehensive and valuable resource for educators who are serving deaf children and their families. Although they emphasize early childhood special education needs, the best practices presented in these and other resources can be adapted in considering the needs of hearing children and their deaf parents.

For example, Calderon and Greenberg (1997) provide a concise list of seven best practices of early intervention for families with deaf children. Calderon and Greenberg's seven suggestions (with the possible exception of number 5) could be applicable with minor adaptation. These suggestions are:

1. Interventionists should be engaged in community education and outreach as well as in providing direct services.

2. More emphasis should be placed on working with the entire family system.

3. Development of a solid communication/language base.

4. Social support is integral to parents' adjustment and confidence in parenting, so a full assessment of support resources available to the family should be made.

5. Service providers must work toward providing a balanced approach to intervention strategies and improving coordination of manual and auditory skills.

6. Be sensitive to the way service delivery is provided. Flexibility is the key in dealing with diverse families.

7. A developmental/systems perspective may be useful in appreciating the limitations of intervention.

The guiding principles presented above offer a framework within which more practical considerations and actions by service providers can be viewed. Of primary importance is that the hearing child is not disadvantaged in receiving social, health, and education services because of communication barriers or information gaps between the providers and deaf parents. Similarly, access to these services should be deliverable in a manner that affords deaf parents the same ease of communication, interaction, and information that is available to hearing parents. This means ensuring that information is available in a format that can be delivered to the deaf parents. Information should not be withheld due to communication barriers. For example, a teacher may be reluctant to hold a parent-teacher conference with deaf parents, particularly if the child is

Pre-school and school-age children should not be used by providers as interpreters for the family concerning their own or other family members' services.

performing well in school. Likewise, the parent may be equally reluctant based on their prior experiences with inadequate or non-existent interpreting services.

Similarly, pre-school and school-age children should not be used by providers as interpreters for the family concerning their own or other family members' services. While such interpretation may seem the most convenient means of communicating with deaf parents, it places the child in an inappropriate role of a decision maker and negotiator.

This is a role that would not usually be expected of hearing children of hearing parents (Hoffmeister, 1985). Using hearing children or other family members as interpreters may also violate the client's right to privacy, and results in an inherent bias in communication (Luey, Glass, & Elliott, 1995).

Although there is little guidance for service providers in serving hearing children of deaf parents, one field for which there is an emerging body of literature that addresses culturally appropriate service delivery is that of psychotherapy. Glickman and Harvey's (1996) edited volume serves as a valuable resource in this context. They assume a cultural model of deafness in adopting a culturally affirmative model of psychotherapy that is used with other culturally diverse groups (Glickman, 1996). Sloman, Perry, and Frankenburg (1987) also emphasize the necessity for family therapists to understand the complex communication problems that are present in deaf member families.

Parent-Child-Provider Relationship

Just as hearing children of deaf parents experience unique relationships and power positions with their deaf-member families, they can be unintentionally placed in an inappropriate position within the communication cycle between provider and parent. Just as with all children, hearing children of deaf parents have individual relationships with the professionals in their lives – most commonly doctors and teachers. Deaf parents, however, have a different level of access to these providers than hearing parents because of the inherent communication barriers and need for adapted communication. This difference in the relationship between the provider and the parent can, as it does in many situations, affect the relationship of the child with both the parents and providers.

Such effects may be either intentional or unintentional but invariably place the child in a position of either more responsibility or more power than may be appropriate or typical. For example, if a medical provider communicates directly with the child regarding a diagnosis, treatment, or prescription, there is a serious risk that all of the necessary information will not be given to the parent by the child. Without an interpreter or other direct communication, the parent becomes a dependent third-party in the conversation, even if present.

In a situation where the parent is less often present, such as with the child's

teacher, the child-teacher relationship can be even more likely to run the risk of creating relational problems. All students have a relationship with their teachers that is most often exclusive of the parents. This can result in a variety of miscommunications in any family regarding homework, progress, grades, or disciplinary issues.

However, when the parents are hearing, they also have direct access to teachers to facilitate their monitoring of their child's education. While it is common for all children to be "messengers" of information between home and school, a hearing child of deaf parents may be more relied upon as the only or primary means of communication between their parents and the school. Even when a school is equipped with a TTY device (discussed in more detail below), all teachers may not be proficient or take the extra time necessary to use the device to communicate with parents who are deaf.

While there may be little risk of harm to the child when considering routine interactions conducted via the hearing child of deaf parents, any use of the child to interpret runs the risk of depending on the child to assume this role in inappropriate situations. Parents and providers need to be aware of the unique dynamics present in the child-provider relationship that are a result of the deaf parents' hearing loss.

Reducing Communication Barriers

Telecommunications

In serving families with deaf parents, providers can offer accessibility through a variety of communication media. Advances in telecommunications and information technology in recent years have greatly simplified and expanded the availability of communication for deaf families. Foremost, a TTY/TDD (Telecommunication Device for the Deaf) will offer access between deaf and hearing callers. When TTY/TDD access is available, the number should be published in phone books and in written material about the providing organization. The device should be operational and personnel should be trained in its use. Too often, the infrequent use of TTY/TDD by some providers results in problems with connection and use of the device. Providers who do not have a TTY/TDD device can make use of relay services. Relay services are required by the Americans with Disabilities Act to be available nationwide 24 hours a day. This allows telephone communication between TTY/TDD users and non-TTY/TDD users. A relay operator speaks printed messages from TTY/TDD type and types spoken messages to TTY/TDD users. Although facsimile and electronic mail do not afford real-time two-way communica-

Advances in telecommunications and information technology in recent years have greatly simplified and expanded the availability of communication for deaf families.

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tion, they are also effective and are gaining in popularity with the deaf community. Emerging advances in telecommunications that could prove very useful to the Deaf community are the development of wireless Internet access and the marketing of hand-held wireless communication devices that offer voice to text and text to voice relay, TTY, Email, fax, and paging within a single unit (Shellabarger, 1998).

"A social worker must join each deaf or hearing-impaired person in a full and multifaceted exploration of all pertinent dimensions of life–hearing, communication, language, culture, and politics."

Despite these technological advances, which can aid in bridging a critical communication gap, there remains a difficulty in providing direct service to deaf-member families. While electronic communications are appropriate for some settings and information exchange, they cannot serve as substitutes for face-to-face communication. When deaf family members must meet with helping professionals, it is critical for the professional to ensure that interpreters are available.

Even the most accurate interpreter is a relay, a filter of sorts, between service providers and deaf-member families.

Interpreting Services

Just as when working with other culturally and linguistically diverse families, service providers need to consider the responsibility for providing linguistic access. Although some families with deaf parents may prefer to use their own interpreter, who might be a family member or friend, providers will most likely be asked to provide interpreter services. In most cases it is wise to enlist the services of a professional interpreter, but the hearing family member can remain an advocate. It is also not acceptable to recruit a co-worker with limited signing skills to function as an interpreter.

Luey et al. (1995) provide a basic overview of issues that social workers must consider when providing services to deaf people. They emphasize the importance of utilizing professional interpreters when interacting with deaf clients. They note that "a social worker must join each deaf or hearing-impaired person in a full and multifaceted exploration of all pertinent dimensions of life – hearing, communication, language, culture, and politics" (Luey et al., 1995, p. 181).

Additionally, McEntee (1995) reviews the legal rights and responsibilities of both deaf and hearing-impaired clients and service providers. She further emphasizes the necessity of using qualified interpreters who are certified by the National Registry of Interpreters for the Deaf (RID). RID conducts interpreter evaluations and its members follow the RID code of ethics. Most state associations for the deaf also have their own interpreter certification efforts.

Segmentation of Services

Even when professional interpreting services are available and used, all parties involved must remain mindful that direct communication is not occurring. Even the most accurate interpreter is a relay, a filter of sorts, between service providers and deaf-member families. This can result in the segmentation of services in that not all services will be equally accessible.

Imagine a deaf parent whose hearing child requires special education services. In this situation, the family must work not only with the child's school to establish an Individualized Education Plan (IEP), but must work with a variety of medical, social services, and even legal professionals in assessing the child's disability, educational and medical needs, and ensuring their child's needs are met and maintained over an extended period.

Although federal law requires that an IEP be conducted in the family's native language, including sign languages, every professional with whom the parents might collaborate in ensuring their child's needs are met may not provide interpreting services. This results in a segmentation of services in which the parent may be forced to rely on other indirect means of communication, family members, inadequate communications such as written notes, or worse yet, not communicating with necessary providers or professionals who may be important to the process.

What form written communication takes is also important when providing services to deaf clients. Although not exclusively the case, as mentioned earlier, many deaf children and adults are limited-English proficient (LEP) (Moores, 1996; Quigley & Paul, 1984). Helping professionals can easily adapt written communication for deaf LEP clients just as they do with hearing LEP clients by ensuring that forms and letters are written at an easy reading level and are not overly complicated (for example, see MELD/St. Paul-Ramsey Medical Center, 1986 for a series on Parenting). This does not "insult the intelligence" of any client as much as it provides clearer communication to all clients regardless of their English proficiency.

In addition to the possibility of segmented services, deaf-member families are often at an experiential disadvantage when faced with complex situations such as their child's IEP. In many cases, the deaf individual (the parent in this example) may not necessarily be a strong self advocate depending on the extent of their experience in interfacing with the hearing community. If their experience is limited, either because their lack of access to the hearing culture, or because they had hearing parents or relatives who have typically advocated for them, then they may be less likely to take the initiative in navigating the bureaucracy of services in such situations.

In summary, service providers should be aware of the necessity to take responsibility for making their services accessible without burdening the client, deaf or hearing, with the full responsibility for reducing communication barriers.

Conclusion

As educators and service providers work to improve their understanding of multicultural issues and their own intercultural competence, their courses, textbooks, and even life experiences, do not often include or recognize the American Deaf community as a distinct linguistic and cultural group. Due to the low incidence of this population, few professionals and educators have had the opportunity to interact with deaf individuals from this community.

Hearing children of deaf parents essentially are bilingual and bicultural, although not always to the fullest extent in each case.

For the deaf individual this means, unfortunately, that every time they engage in a service system, the chances are high that they will encounter a complete novice who has no experience working with the deaf and no understanding of the complex communication and identity issues that pervade the "DEAF-WORLD." Furthermore, the chances are good that the hearing professional will hold a "pathological" or "disability" view of deafness, as opposed to a "cultural view," which is how deaf people view themselves; a number of researchers and authors maintain that this negative view of deafness effectively keeps the DEAF-WORLD an oppressed minority group.

They eventually come to understand, because they are hearing, that they will not be viewed as full members of that world when they become adults.

In this report, we have focused on families with deaf parents and hearing children, as over 90% of deaf adults have hearing children. We validated the language and culture of these families and described the complex communication, socialization, and cultural issues that often arise between parent, child, and extended family. Hearing children of deaf parents essentially are bilingual and bicultural, although not always to the fullest extent in each case. In childhood they acquire their first language and culture (American Sign Language and Deaf Culture) yet eventually come to understand, because they are hearing, that they will not be viewed as full members of that world when they become adults. They must also learn a second language and culture (English, or whichever language is dominant in their environment, and "hearing culture"), often without the assistance of a "cultural broker." This delicate balancing act of two identities, and playing the role of cultural and linguistic mediator for their deaf parents and the hearing world, is rather unique and is difficult to cope with for some hearing children of deaf parents. We concluded with a discussion of how educators and service providers can ease their interactions with deaf parent families and build a service relationship that is culturally and linguistically appropriate.

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Supalla, S. (1991). Manually Coded English: The modality question in signed language development. In P. Siple & S. Fischer (Eds.), Theoretical Issues in Sign Language Research, Vol. 2: Acquisition (pp. 85-109) Chicago: University of Chicago Press.

Wilcox, S. (Ed.). (1989). American Deaf culture: An anthology. Burtonsville, MD: Linstok Press.

Annotated Bibliographies

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Calderon, R., & Greenberg, M. (1997). The effectiveness of early intervention for deaf children and children with hearing loss. In M. J. Guralnick (Ed.), The effectiveness of early intervention (pp. 455-492). Baltimore: Paul H. Brookes.

Summary

Calderon and Greenberg (1997) provide a thorough overview of studies related to early intervention for children with hearing impairments and young deaf children. They describe the heterogeneity of young children with hearing impairments and young deaf children by presenting different definitions of hearing impairments in a medical, psychological, or cultural perspective, incidence, and etiologies. They also discuss studies of intervention approaches and their effects on the development of children with hearing impairments by two research paradigms that Guralnick (1989, 1991) proposed: (a) first generation research that focuses on the research question, "Is early intervention effective?" and (b) second generation research investigating the complexity of early intervention such as factors, individual child characteristics, and intervention outcomes. Calderon and Greenberg state that most of the first generation research on children with hearing impairments and young deaf children examined different types of early intervention (e.g., American Sign Language, manual English); intensity, duration, or the influence of using both interventions on children's development; early vs. late exposure to intervention; and differences between deaf children of hearing parents and deaf children of deaf parents.

In the discussion of the second generation research, Calderon and Greenberg (1997) provide four reasons why there are few studies investigating factors related to child and family characteristics, and they describe two major studies related to early intervention for deaf children and their families (i.e., Arkansas Project, SKI* HI Project). In addition, they provide a review of research on cochlear implants including outcomes, parent satisfaction, and guidelines for evaluating the appropriateness of cochlear implant candidates, as well as studies of familial, ecological, and psychosocial factors affecting the development of deaf children.

From the review of research on children who are hearing impaired or deaf, Calderon and Greenberg (1997) suggest future research directions and implications for practice. For future research, they recommend that studies examine parent involvement, factors related to the delivery of the intervention, outcomes of different curriculum approaches and different delivery systems, and examination of the relationship between specific types of services and the characteristics of an individual family and child.

ANNOTATED BIBLIOGRAPHIES

Hoffmeister, R. J. (1996). Cross-cultural misinformation: What does special education say about Deaf people? Disability & Society, 11, 171-189.

Summary

This article describes a study that reviewed 13 special education textbooks to investigate how information is presented on people who are deaf or hard of hearing. Through the examination of the content of each chapter on people who are deaf or hard of hearing, Hoffmeister (1996) found that most textbooks describe people who are deaf and hard of hearing in a pathological view that focuses on information on the hearing mechanism (i.e., biological reason for the hearing impairments, correcting and adapting the problem) and deficits, rather than a cultural view focusing on people who are deaf/hard of hearing as an organized society and as a culture with legitimate language (American Sign Language), values, and lifestyles.

In the discussion of the research findings, Hoffmeister (1996) addresses issues about Deaf culture, including the concept of pre-and post-lingual deafness, American Sign Language (which many text books describe as communication modes rather than a language), and inclusion. Moreover, he states that each textbook has different meanings for hearing impairment, and includes different perspectives on inclusion. None of the textbooks incorporate input from the Deaf community on the definition of "deafness" and issues regarding inclusion.

Lane, H. (1991). Cultural and infirmity models of deaf Americans. Journal of the American Academy of Rehabilitative Audiology, 23, 11-26.

Summary

The current awareness of Deaf culture has lead to the contemporary renaissance of Deaf culture in movies, plays, and exhibits; the growing number of studies of sign languages; and increasing leadership roles for people who are deaf or hard of hearing in educational and social services for deaf children and adults. With changes in the perspectives toward the Deaf culture, the medical field has incorporated the cultural model into medical practices leading to the "medicalization" of cultural deafness. Lane (1991) states that the medicalization of cultural deafness focuses on an infirmity model, viewing deafness as a bodily impairment with a hearing perspective, and the child's differences viewed as deviance, characterizing the difference in great biological detail and in stigmatizing ways. He states that the infirmity model stresses impairment of spoken language rather than acquisition of sign language, and hearing loss rather than gains in spatial cognition.

Lane (1991) presents four historical phases of the medicalization of cultural deafness, and he describes the recent stage of the medicalization of cultural deafness as childhood cochlear implants. In addition, he discusses seven ways medical professionals with the perspective of the medicalization of cultural deafness may influence hearing parents of young deaf children. The seven issues consist of environmental sound, speech perception, English language acquisition, speech production, medical risks, social risks, and ethical issues.

R Resources

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RESOURCES | ORGANIZATIONS

A variety of organizations provide support both to families with deaf parents or children and to service providers. Several national organizations are listed below with their contact information. In addition to these national resources, many regional and local organizations are listed on the Internet and can be accessed through simple searches of the World Wide Web, or found in telephone books. Often independent living centers serving multi-disability clientele can be a central resource for finding deaf services.

CODA (Children of Deaf Adults)

Thomas Bull
CODA National Outreach Coordinator
8112 Russell Road
Alexandria, VA 22309
(703) 799-2239
http://www.gallaudet.edu/~rgpricke/coda
thbull@gallua.gallaudet.edu (e-mail)

CODA is an organization established for the purpose of promoting family awareness and individual growth in adult hearing children of deaf parents. This purpose is accomplished through providing educational opportunities, promoting self-help, organizing advocacy efforts, and acting as a resource for the membership and various communities. Membership is primarily, but not exclusively, composed of adult hearing children of deaf parents. CODA addresses members' bicultural experiences through conferences, support groups, and resource development. (http://www.gallaudet.edu/~rgpricke/coda)

Deaf Source *(An internet guide to resources available for helping professionals working with deaf and hard of hearing individuals)*

http://home.earthlink.net/~drblood/index.html

Lists a variety of resources for service providers as well as program listings of those providing services to deaf individuals and families. This is an internet-based project.

RESOURCES | ORGANIZATIONS

KODA (Kids of Deaf Adults)

http://www.koda.org; hjensen@koda.org

The primary objective of the KODA organization is to promote family awareness and individual growth in hearing children of deaf parents. In order to support the children's unique bilingual and bicultural upbringing, KODA provides education and supports to foster a positive integration of both hearing and deaf cultures into healthy personal identities in KODA children. (http://www.koda.org)

National Association for the Deaf (NAD)

814 Thayer Avenue
Silver Spring, MD 20910-4500
(301) 587-1789 TTY, (301) 587-1788 (voice)
(301) 587-1791 (fax)
http://www.nad.org
NADHQ@juno.com (e-mail)

The NAD safeguards the accessibility and civil rights of 28 million deaf and hard of hearing Americans in a variety of areas including education, employment, health care and social services, and telecommunications. Programs and activities include grassroots advocacy and empowerment, captioned media, certification of American Sign Language and Deaf Studies professionals; certification of sign language interpreters; deafness-related information and publications; legal assistance; policy development and research; public awareness; sign language interpreter certification; and youth leadership development. (http://www.nad.org/aboutnad)

National Information Center on Deafness (NICD)

Gallaudet University
800 Florida Ave. NE
Washington, DC 20002-3695
(202)651-5051 (voice)
(202)651-5052 (TTY)
(202)651-5054 (fax)
http://www.gallaudet.edu/~nicd
nicd@gallux.gallaudet.edu (e-mail)

NICD is a centralized source of accurate, up-to-date, objective information on topics dealing with deafness and hearing loss. NICD responds to a wide range of questions received from the general public, deaf and hard of hearing people, their families, and professionals who work with them. NICD collects, develops, and disseminates information on deafness, hearing loss, and services and programs related to people with hearing loss. An extensive bibliography of printed and audio-visual resources is available from NICD. (http://www.gallaudet.edu/~nicd)

National Institute on Deafness and Other Communication Disorders (NIDCD)

National Institutes of Health
31 Center Drive, MSC 2320
Bethesda, MD 20892-2320
(301) 496-7243 (voice)
(301) 402-0252 (TTY)
http://www.nih.gov/nidcd
Webmaster@ms.nidcd.nih.gov (e-mail)

NIDCD is one of the National Institutes of Health (NIH). At the NIDCD, biomedical and behavioral research and research training is conducted and supported in the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language that affect 46 million Americans. (http://www.nih.gov/nidcd/mission)

Registry of Interpreters for the Deaf (RID), Inc.

8630 Fenton St., Suite 324
Silver Spring, MD 20910
(301) 606-0050 (V/TTY)
(301) 608-0508 (fax)
http://www.rid.org
membership@rid.org (e-mail)
publications@rid.org (e-mail)

The philosophy of RID is that excellence in the delivery of interpretation and transliteration services among people who are Deaf, or Hard of Hearing, and people who are hearing, will ensure effective communication. RID's mission is to provide international, national, regional, state, and local forums and an organizational structure for the continued growth and development of the professions of interpretation and transliteration of American Sign Language and English. (http://www.rid.org/about)

The Childcare Book: Especially for Parents who are Deaf or Hard of Hearing

MELD: (612) 332-7563 (V/TTY)

This six-book series developed by MELD & St.Paul-Ramsey Medical Center (1986) in Minneapolis, MN, is a well-illustrated, to-the-point guide to childcare (newborn care, feeding, health care, safety and childproofing, and developmental milestones and developmentally appropriate play) designed especially for parents who are deaf or hard of hearing.

Creating a Multicultural School Climate for Deaf Children and Their Families

Marilyn Sass-Lehrer
Barbara Gerner de Garcia
Michele Rovins

Summary

Designed for practitioners, this book provides guidelines to help build a multicultural learning environment for students with deafness and their families. Strategies are provided for developing cultural competence, and for improving home/school relationships and encouraging greater participation of families who are not part of the mainstream culture. Strategies that can help schools create more inclusive curricula and instructional approaches are also provided and include: (a) create a family atmosphere in the classroom; (b) integrate study of the languages, history, customs, and perspectives of different peoples throughout the curriculum; (c) approach the study of holidays and historic events from the perspectives of all the peoples involved; (d) utilize learner-centered rather than teacher-directed classroom approaches; (e) encourage students to use dialogue journals and other ways of sharing their experiences; (f) provide learning environments that are student-centered; (g) form planning groups of students and teachers to design thematic units that reflect issues and themes relevant to their lives; and (h) encourage family and community members to participate in every aspect of the instructional program. Recommendations are also provided for choosing materials and staff development. Suggested teacher materials and World Wide Web resources are included. (Contains 13 references)

Bibliographic Information

Marilyn Sass-Lehrer, Barbara Gerner de Garcia, Michele Rovins. Creating a Multicultural School Climate for Deaf Children and Their Families (1997). Pre-College National Mission Programs/Gallaudet University: Washington, DC. (19 pages). Language: English

Availability

May be ordered from:
Pre-College National Mission Programs/Gallaudet University • Publications and Marketing • 800 Florida Avenue NE • Gallaudet University:KDES PAS 6 • Washington, DC 20002 • (202) 651-5530 *phone*
(Call 202-651-5530 for further information)

Producer Information

Intended User Audience: The intended audience is all those involved in the education of children who are deaf or hard of hearing or who come from families with deaf or hard of hearing members including the following: parents/family members, service delivery personnel, and teachers and administrators.

Product Development: Written by three European American authors who are teacher trainers/teachers in the field of deaf/hard of hearing education.

Product Evaluation: The material has not been formally evaluated or field tested.

Product Dissemination: Three thousand copies of the material have been disseminated throughout the U.S.A.

RESOURCES | PUBLICATIONS

Deaf Education Today: A State of Emergency

Jane Kelleher Fernandes

Summary

This paper provides a historical perspective about the bleak state of deaf education in the United States and discusses strategies for improving deaf education. Problems in the development of literacy in children with deafness, families making mutually exclusive choices in communication methods, low expectations of teachers, and transition failure are described. Current positive trends that are occurring in the Statewide Center (SWC) in Honolulu, Hawaii are then highlighted. The SWC maintains three components: a school with a dormitory, a diagnostic-evaluative team, and an outreach-technical assistance team. All three are described as dynamic, multifaceted, ever-changing, and based on high expectations for student and teacher learning. The strategic planning of the SWC is described that resulted in the implementation of a bilingual/bicultural literacy program, greater family involvement, high expectations for all students, a career development program, and teacher-participant-research projects. (Contains 14 references.)

Bibliographic Information

Jane Kelleher Fernandes. Deaf Education Today: A State of Emergency (1997). Pre-College National Mission Programs [Gallaudet University]: Washington, DC. (14 pages). Language: English

Availability

(Available online. Click on "full text" and click through section headings on left side to scroll through material. Or contact producer for a paper copy.)

May also be ordered from:
Pre-College National Mission Programs/Gallaudet University • Product Inquiries • Kendall Demonstration Elementary School • 800 Florida Avenue NE • Washington, DC 20002 • (800) 526-9105 *phone* • (202) 651-5708 *fax* • Products.ClercCenter@gallaudet.edu *e-mail* • http://clerccenter.gallaudet.edu/Products/Sharing-Ideas/ *web*

Enhancing Educational Opportunities For Hispanic Students Who Are Deaf [New York State Association for Bilingual Education, v9]

Maureen A. Smith

Summary

This article reviews some basic facts about hearing impairment and then discusses the effects this disability can have on Hispanic students. Specific suggestions are offered for meeting the needs of these students and their families. (Contains 28 references.)

Bibliographic Information

Maureen A. Smith. Enhancing Educational Opportunities For Hispanic Students Who Are Deaf [New York State Association for Bilingual Education, v9] (1994). New York State Association for Bilingual Education: Staten Island, NY. (8 pages). Language: English

Availability

Full text is available on the CLAS Web site (http://www.clas.uiuc.edu).

May also be ordered from:
New York State Association for Bilingual Education • 17 Pelican Circle • Staten Island, NY 10306 • (718) 935-3911 *phone* • http://www.sabe.net/ *web*

Infants and Toddlers with Hearing Loss: Family Centered Assessment and Intervention - Part V

Jackson Roush (Ed.)
Noel D. Matkin (Ed.)

Summary

This book examines many of the issues affecting the delivery of family-centered early intervention services to young deaf and hard of hearing children and their families. Part I discusses the historical, philosophical, and legislative aspects of family-centered intervention, as well as how to evaluate the extent to which a program is family centered. Part II addresses programmatic and procedural considerations in the identification of hearing loss, in acoustic amplification, and in sensory aids for infants and toddlers. Part III discusses strategies for enhancing interdisciplinary collaboration, and the philosophy, conceptual framework, and preparation of Individualized Family Service Plans (IFSPs).

Two specific family-centered intervention approaches are also discussed: that used by the Colorado Home Intervention Program (CHIP) and its FAMILY Assessment model, and that of the Diagnostic Early Intervention Project (DEIP), developed in Omaha, Nebraska. Part IV presents specific family-centered early intervention implementation models: The Mama Lere Home Intervention Program, Vanderbilt University; The Visiting Infant and Parent (VIP) Program, Clarke School for the Deaf (Massachusetts); SKI*HI (Utah); Early Childhood Home Instruction (ECHI) Program for Hearing Impaired Infants and Their Families, The University of Washington, (Seattle); Infant Hearing Resource (Portland, Oregon); and the Thayer Lindsley Family-Centered Nursery, Emerson College (Boston). In conclusion, Part V discusses preparing for the future, including the preparation of Early Intervention Personnel and advice from parents on strengthening family-professional relations. The book is indexed, and each chapter contains references.

Bibliographic Information

Jackson Roush (Ed.), Noel D. Matkin (Ed.). Infants and Toddlers with Hearing Loss: Family Centered Assessment and Intervention - Part V (1994). York Press, Baltimore: Timonium (360 pages). Language: English

Availability

May be ordered for $ 38.50 per copy from:
York Press Inc. • P.O. Box 504 • Timonium, MD 21094 • (800) 962-2763 *phone* •
info@yorkpress.com *e-mail*

Producer Information

Intended User Audience: This book is intended for professionals who work with deaf and hard of hearing children and their families. It is intended primarily for personnel in the fields of audiology, early childhood special education, speech pathology and for those who are responsible for training those personnel. The level of experience with the topics in this book is intended to be beginning and introductory. The book is not intended for any specific cultural or linguistic group.

Product Development: Dr. Roush states that the purpose of the book is to provide general information regarding deaf and hard of hearing children and to outline how to involve families in their intervention plans. College level faculty primarily wrote the chapters in the book, and a parent wrote one chapter. The faculty represent the fields of early childhood special education, audiology, and speech pathology. None of the authors are themselves deaf or hard of hearing.

Product Evaluation: None.

Product Dissemination: Over 1,500 copies of this book have been sold as of May 4, 1999.

RESOURCES | PUBLICATIONS

Issues in Access: Creating Effective Preschools for Deaf, Hard of Hearing, and Hearing Children

Gail Solit
Angela Bednarczyk

Summary

This book was written to share the experiences of twelve different early childhood sites that integrated deaf, hard of hearing, and hearing children together. The twelve sites included child care centers, schools for the deaf, nursery schools, hospital settings, and public schools. The sites used the Project Access model developed by the Kendall Demonstration Elementary School and Gallaudet University Child Development Center for the integration of these students.

The model was adapted to best suit each site. The model is built upon the idea that all children must have access to all information, activities, etc. Therefore, steps must be taken to ensure this access (e. g. providing sign language for those who use it). Second, there must be teamwork between parents, administrators, and teachers to insure full participation. The book addresses the issues that make this integration successful, giving guidelines for the process of providing each child an appropriate education.

The book describes three basic models of interagency collaboration tailored to provide education and childcare to deaf, hard of hearing, and hearing children in different types of communities and settings. Each chapter begins by introducing the subject and explaining the considerations, theoretical information, and recommended practices upon which it is based. Direct quotes from Project Access participants and examples from the programs are used to illustrate the theoretical and practical points. An evaluation section follows. Appendices include additional information, such as planning and evaluation forms. (Contains approximately 120 references.)

Bibliographic Information

Issues in Access: Creating Effective Preschools for Deaf, Hard of Hearing, and Hearing Children (1999). Pre-College National Mission Programs/Gallaudet University: Washington, DC. (210 pages). Language: English

Availability

May be ordered for $ 25.95 per copy from:
Pre-College National Mission Programs/Gallaudet University • KDES- PAS-6 • Pre-College National Mission Programs - Product Inquiries • 800 Florida Avenue NE • Washington, DC 20002 • (800) 526-9105 *phone* • (202) 651-5708 *fax* • pcnmp.products@gallaudet.edu *e-mail*

Producer Information

Intended User Audience: Parents and professionals involved with deaf children in early childhood settings.

Product Development: The book was written as part of a federal grant. The two authors also worked with specialists from Gallaudet University who are involved in American Sign Language, literacy, and cultural issues. Gail Solit is the Coordinator of Early Childhood Programs at the Pre-College National Mission Programs at Gallaudet University. She has been involved in childcare services since 1976, most recently at the Gallaudet University Child Development Center, where she has been coordinator for 13 years. Angela Bednarczyk has worked with deaf children the past 25 years. As a teacher, she has worked with elementary-aged children in both public and day programs for deaf children. The team involved in the book included European American, Hispanic, African American and Deaf individuals.

Product Evaluation: The book was evaluated by outside readers prior to publication, including individuals in the fields of early childhood and special education, as well as representatives from the various sites. There was also an evaluation of the project sites conducted both during and after the training.

Product Dissemination: An unknown number have been disseminated. Copies are being sold in the U.S. and Canada.

Paws Signs Stories [CD ROM]

Corrine Vinopol
Angela Bednarczyk
Ramalinga Danturthi
David Hsu

Summary
Designed for children ages 3-7 with hearing impairments, this kit contains five children's stories and a CD-ROM designed to reinforce story concepts, early educational skills, and vocabulary. The CD-ROM contains 15 different games and material is presented in American Sign Language, as well as spoken English. The five storybooks help children learn handshapes, facial expressions, eye/hand coordination, visual memory, sequencing, action words, and spatial concepts. Key terminology in each of the books is presented in illustrated sign language. Through the books and the CD-ROM, children build language skills in American Sign Language and spoken English, literacy, computer literacy, cognitive ability, and creativity. A user's guide is included that contains information about American Sign Language, child development, and early computer skills. Each part of the program is also described. The CD-ROM is compatible with Windows 95, 98, and NT.

Bibliographic Information
Paws Signs Stories (1998). Institute for Disabilities Research and Training, Inc.: Silver Spring, MD. Language: English, American Sign Language

Availability
(Price is for books and CD-ROM, CD-ROM only=$49.95)

May be ordered for $ 79.95 per copy from:
Institute for Disabilities Research and Training, Inc. • 2424 University Blvd. West • Silver Spring, MD 20902 • (301) 942-4326 *phone* • (301) 942-4439 *fax* • http://www.idrt.com/ *web*

Producer Information

Intended User Audience: The intended user audience is hearing, hard of hearing, and deaf children 3-7 years old.

Product Development: A team including deaf educators, software engineers, video technicians, and graphic designers developed this material. The team included both hearing, deaf, and hard of hearing individuals who were European Americans, Asians, and Indians.

Product Evaluation: The material was evaluated during development by parents, children, and teachers (both deaf and hearing). These individuals were of various cultural and linguistic groups.

Product Dissemination: Approximately 500 copies have been distributed throughout the U.S.

RESOURCES | PUBLICATIONS

Rosie's Walk: Sign Language CD-ROM [CD-ROM, Teachers Guide, Activity Booklets]

Gerald Pollard
Denise Hazelwood

Summary
This CD-ROM and associated instructional materials present the well-known 30-year-old children's book, *Rosie's Walk*, in American Sign Language and Signed English as well as by text, graphics, animation, and voice, thus making the disk suitable for children with hearing impairments and hearing children. Among the additions on the CD-ROM are over 120 QuickTime sign language movies and an extensive selection of games to reinforce the concepts and vocabulary taught by the book. In addition to the CD-ROM, the publisher's package contains a user's guide, two picture flip-books, a set of reproducible activity pages, a teacher's guide, a flip-book answer book, and a word flip-book.

Bibliographic Information
Gerald Pollard & Denise Hazelwood. Rosie's Walk: Sign Language CD-ROM [CD-ROM, Teachers Guide, Activity Booklets] (1996). Texas School for the Deaf: Austin, TX. Language: English, American Sign Language

Availability
($49.95 for CD-ROM only without teacher's manual)

May be ordered for $ 79.95 per copy from:
Texas School for the Deaf • P.O. Box 3538 • 1102 South Congress Avenue • Austin, TX 78764 • (512) 462-5401 *phone*

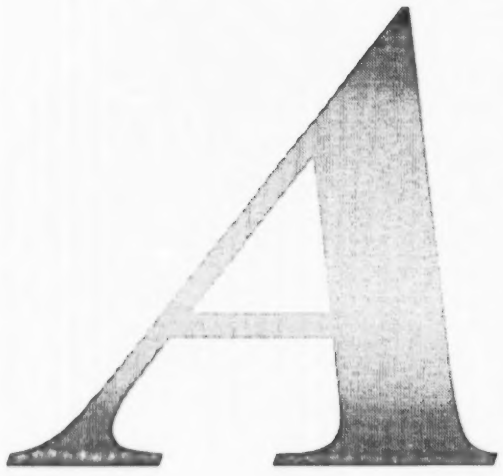
Producer Information
Intended User Audience: The CD-ROM was mainly developed for pre- to elementary school age children (e.g., deaf, blind, hard of hearing, visually impaired, and hearing children). Administrators, pre-service students, parent/family members, service delivery personnel, and faculty/trainers can all benefit from the information. The disciplines of the audience are mainly early intervention/early childhood special education, and early childhood. An introductory/beginning level of information is provided. This CD-ROM is developed for audiences both in the U.S. and Canada.

Producer Information (cont.)

Product Development: Many disciplines of professionals participated in the development of the CD-ROM. They included the authors, software developers, sign language coaches, and other technical staff.

Product Evaluation: This CD-ROM was evaluated at the Texas School for the Deaf. It was tested with a group of first to fourth grade children who were deaf or hard of hearing (N=34) divided into one control and one experimental group. Teachers in the fields of early intervention/early childhood special education and early childhood and elementary education were involved in the evaluation of the CD. The results are still in the process of analysis.

Product Dissemination: The CD-ROM is in the third printing. About 2,500 have been disseminated to areas such as Chicago, Oregon, New York, and other places in the U.S.



About C·L·A·S

About the CLAS Early Childhood Research Institute

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services

University of Illinois at Urbana-Champaign
The Council for Exceptional Children
University of Wisconsin-Milwaukee
ERIC Clearinghouse on Elementary and Early Childhood Education
ERIC Clearinghouse on Disabilities and Gifted Education

Overview

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) is a federally-funded collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education. The CLAS Institute is funded by the Office of Special Education Programs of the U.S. Department of Education.

The CLAS Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. CLAS has several basic assumptions which define and guide its work. CLAS' goals are outlined below, as well as some of the issues and concerns important to our work. Finally, a brief overview is included about the outcomes we anticipate accomplishing by the end of this project.

Assumptions

We adhere to the following fundamental beliefs in our research, training and dissemination activities:

Assumptions About Culture and Language:

1. Individuals and families are members of multiple cultures.
2. Cultures are multi-faceted and dynamic.
3. Multilingualism is an asset.
4. A solid foundation in one's primary language contributes to acquisition of a second language.
5. Cultural competence is a process entailing lifelong learning.

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ABOUT THE CLAS INSTITUTE

6. Many people have not had an equal voice, equal representation or equal access to health and education services. We recognize that institutional racism continues and will address issues of access and equity in the search, review, and dissemination of materials.
7. Beliefs and attitudes about culture and language shape outcomes; positive beliefs contribute to inclusiveness; negative beliefs undermine it.

Assumptions About the Work of the Institute:

1. Culturally and linguistically diverse practitioners and families will be involved in the work of the Institute as advisors, reviewers, and evaluators.
2. Materials will reflect the intersection of culture and language, disabilities and child development.
3. A range of strategies or approaches will be identified from which practitioners, families, and researchers can make an informed selection of practices or materials. In our dissemination of reviewed materials, we will not advise or prescribe solutions but will facilitate better questions regarding material selection.
4. Products will be "user amorous" and our evaluation will in part focus on the usability and impact of these products.

The work of the Institute is complex, challenging, and developmental in nature.

Goals

The CLAS Institute identifies, collects, reviews, catalogs, abstracts, and describes materials and practices developed for children and families from culturally and linguistically diverse backgrounds, and professionals who work with them. In the latter years of this five-year Institute, CLAS will identify gaps in existing materials and practices, prepare translations of a limited number of materials, and pilot-test a limited number of promising materials to ensure that effective early intervention practices are available to families and service providers who work with them. CLAS will:

1. Create a resource bank and catalog of validated culturally and linguistically appropriate materials, and of documented effective strategies, for early intervention and preschool services.
2. Conduct a review of materials by experts in the fields of early childhood education, early intervention/early childhood special education, and in multicultural education, considering issues not only of effectiveness but also of social, cultural, and linguistic acceptability to children and families from culturally and linguistically diverse backgrounds.
3. Evaluate and validate selected materials through field testing of the materials with culturally and linguistically diverse backgrounds.
4. Disseminate reviewed materials and practices that meet the dual criteria of (1) effectiveness and (2) cultural and linguistic appropriateness for all relevant stakeholders.

About the Authors

Jenny L. Singleton, Ph.D.

University of Illinois at Urbana-Champaign • 1310 South Sixth Street • Champaign IL 61820

Jenny is an associate professor of special education at the University of Illinois, and a faculty Collaborator for CLAS Early Childhood Research Institute. There are two main themes in Jenny's program of research: 1) language and cognitive development in profoundly deaf children who, for various reasons, have been deprived of conventional linguistic input; and 2) the development, implementation, and assessment of early language intervention programs for deaf children. Jenny co-directed a three-year grant from OSERS that investigated whether the use of American Sign Language as the language of instruction/facilitation enhances the cognitive, linguistic, and social development of deaf children with a) home-based, family-centered early childhood context; and b) a school-based intervention for elementary school-aged children. Dr. Singleton is a hearing, native signer of American Sign Language. She is an expert on ASL, the Deaf Community, and current practices in deaf education. Her Ph.D. is in developmental psychology and her area of specialization is language development and language socialization.

Matthew D. Tittle, Ph.D. Candidate

University of Illinois at Urbana-Champaign• 1205 W. Oregon • Urbana, IL 61801

Matt is the Assistant Director for International Affairs at the Campus Honors Program, University of Illinois at Urbana-Champaign. In 1997-1998, he was a graduate research assistant for the CLAS Early Childhood Research Institute while working on his doctorate from the Department of Educational Psychology. Matt is also an Illinois- certified Russian language teacher for grades 6-12. In addition to his work with CLAS on multicultural issues in deafness, his primary research interests are foreign language anxiety and student's beliefs about foreign language learning. As a U.S. naval officer, he completed numerous assignments worldwide, including duty in Russia, Switzerland, and Japan.

For more information on the CLAS Early Childhood Research Institute ...

Contact Amy Santos or Rob Corso (Project Coordinators) or Ron Banks (Information Specialist):

Early Childhood Research Institute on
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61 Children's Research Center
51 Gerty Drive
Champaign, Illinois 61820-7498

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http://clas.uiuc.edu/ *web site*
clas@ericps.crc.uiuc.edu *e-mail*

CLAS Technical Report Topics:

Child Assessment

Child Find

Cross-Cultural Considerations
- CLAS Mission
- Cross-Cultural Communication
- Cross-Cultural Conceptions of Child-Rearing
- Cultural Definitions and Issues
- View of Disability

Deaf Parents and Their Hearing Children

Emerging Literacy

Family Information Gathering

Family Support Services

Helping Relationships and Service Utilization

IFSP and IEP Process

Motor Skills Interventions

Parent-Infant Interaction

Personnel Preparation

Second-Language Acquisition

Transition

Visual Impairment

Working with Interpreters

U.S. Department of Education
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